



**WYF WORLD YOGA FEDERATION**  
**REGISTRATION FORM FOR**  
**WYF ACCREDITED COACH/YOGA TRAINER**

Reg. No.

Date .....

**APPLICANT DATA**

Name	Last Name
Gender	Date of Birth
Mobile Number	E-mail
Father's Name	
Address	
Name of your Organization/Institution	
Experience	

**Category of Coach / Yoga Trainer**

Yoga Trainer (100 Hrs.)	<input type="checkbox"/>	Yoga Trainer (200 Hrs.)	<input type="checkbox"/>	Yoga Trainer (300 Hrs.)	<input type="checkbox"/>
Yoga Trainer (400 Hrs.)	<input type="checkbox"/>	Yoga Trainer (500 Hrs.)	<input type="checkbox"/>	WYF Coach	<input type="checkbox"/>

Stamp & Date

*Name of National Federation President  
or General Secretary*

**Office : Shop No. 179-A, Nagar Nigam Market, Vikas Nagar, Kanpur (U.P.) India**  
**Contact No. +91-7355737107, 9026237068**  
**E-mail : worldyogafederation@gmail.com**